I ask Members to cosponsor a bill I have called the Home Energy Generation Act that will allow one when one puts a solar panel on one's home to sell one's excess power back to one's utility and have one's meter run backwards so one gets a credit.

There are a lot of things we can do, but I am urging Members of the House to come to the forefront and be leaders because there is going to be a vacuum, unfortunately, out of the White House.

Let me tell my colleagues another thing very disturbing that happened yesterday. The President of the United States, when he decided to ignore the explicit promise to the American people on this CO_2 emission issue, said the reason he did so was because he was concerned about prices of electricity going up.

Well, frankly, that is a surprise to us because, for the last 2 months, we have been asking the President of the United States to do something about electrical prices in the West, and he has refused to do anything about it.

We have asked him to adopt a shortterm wholesale price cap, to have a circuit breaker to reduce these extraordinary price increases that we are having on the western United States right now. He has refused to even consider it.

We let the greatest transfer of wealth from the western United States to generators of electricity since Bonnie and Clyde roamed the prairies because of these huge run-ups in prices, unprecedented, unjustified, and unreasonable. By the way, this is not just me talking. Our own FERC, the Federal Energy Regulation Commission, under the Bush administration made a finding that these prices were unreasonable, unconscionable. I think unconscionable is my language, but at least they said unreasonable.

Despite that finding, the administration has refused to lift a finger to limit these extraordinary increases in electrical rates. We believe we are going to ask the administration, we have been asking for 2 months to do that.

Let me tell my colleagues why that is so dangerous, Mr. Speaker. I am going to read from the Wall Street Journal article in yesterday's paper, which I will now summarize. We have the possibility of losing 43,000 jobs, this the State of Washington alone, if the administration does not work with this Congress in a bipartisan fashion to adopt wholesale price caps. I hope all my Members will join me in this effort.

CONGRESS NEEDS TO KEEP ITS 25-YEAR PROMISE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MOORE) is recognized for 5 minutes.

Mr. MOORE. Mr. Speaker, I have been in Congress for 2 years, and I have learned a lot of things after I got here.

For example, 25 years ago, the Congress passed and the President signed into law a new bill called IDEA, which stands for Individuals With Disabilities Education Act. In that new law, the Congress promised to the State and local school districts, if they would take special-needs children out of hospitals and institutions and bring them into local public schools, that Congress and the Federal Government would fund the cost of education to the tune of 40 percent.

Mr. Speaker, 25 years later, last year, Congress was up to 14.9 percent, not 40 percent, 14.9 percent; and that is outrageous. That is what we call an unfunded mandate, and that is what gets people back home in the real world so upset with Congress. They promised that they would do this and that. The people locally did this, and Congress did not fulfill their portion of the promise.

Well, 25 years later, Mr. Speaker, I think it is time that Congress stepped up it the plate and filled the promise it made 25 years ago.

I wrote President-elect at the time Bush on January 25 and said to President-elect Bush: "I hope you will set this a priority funding measure in your new budget as the new President."

I had the opportunity 4 weeks ago to go to the White House and speak with President Bush; and at that time, I said to him, "Mr. President, this is one of the most important things we can do that I think will beneficially affect education, not only through every State, but throughout our Nation in public schools; and that is full funding of special education the way Congress promised 25 years ago."

The President said, "I understand, but we would like to have a little more flexibility and give the States and local school districts an opportunity if they need to build schools or use it for special education." Well, 25 years later, again, somebody needs to speak up for special needs children and say Congress should fulfill its promise.

The President has a program he calls Leave No Child Behind. Well, I say to the President that, if we do not do this when we have the opportunity this year or next year, then we will never do this. We will not leave one child behind. We will leave thousands of children behind, and that is disgraceful.

We have projected by the Congressional Budget Office over the next 10 years a budget surplus of \$5.6 trillion. The President has recommended a \$1.6 trillion tax cut. Surely if we can find the political will to do a \$1.6 trillion tax cut, we can find the political will and the backbone to fund a program that is 25 years old for special-needs children in our country.

It does not impact just special-needs children. It will affect virtually every child in public schools in our country, because I have talked throughout my district in every school district throughout my district to school administrators and teachers; and a disproportionate share of the present school funding goes to special-needs children. Nobody begrudges that. God knows they need it. But sometimes the people who are shortchanged are the other kids, and not one child in our public schools should be shortchanged by Congress' failure to perform its promise.

This is not a partisan issue. When one looks at a special-needs child, one does not see a Republican, one does not see a Democrat, one sees a child, a child with needs, and needs that should be addressed by this body.

If at this time in our Nation's history, when we have these huge projected surpluses, we do not step up to the plate and fulfill our promise, shame on us. Shame on us. I hope and believe that the President and the Congress this year will do the right thing.

I talked just yesterday before the Committee on the Budget hearing to Secretary of Education Paige, and Secretary Paige told us that the President had recommended an increase in funding in special education, but far short of the promise Congress made 25 years ago.

We have got to do what is right. I hope and believe we will do what is right. We are a better Nation than the way we have acted for the last 25 years.

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LACK OF HEALTH INSURANCE FOR LOW-INCOME WOMEN

The SPEAKER pro tempore (Mr. GILCHREST). Under a previous order of the House, the gentlewoman from California (Ms. SOLIS) is recognized for 5 minutes.

Ms. SOLIS. Mr. Speaker, today I rise to talk about the deplorable lack of health insurance for low-income women. Nearly 4 in 10 poor women are uninsured. Four in ten.

We know that health care coverage is critically important for low-income women because they cannot afford to pay for health care out of their own pockets. Without health insurance, women may decide not to get needed health care because they cannot afford it. Despite the fact that our country has experienced large economic growth over the past few years, the proportion of low-income women who are uninsured actually rose 32 percent to 35 percent. Clearly, our Nation's economic growth has not reached all segments of our society.

This problem is even more pronounced for immigrant and minority low-income women. Mr. Speaker, 51 percent of low-income Latinas are uninsured. That is more than half. Among uninsured Latino adults in fair to poor health, 24 percent of women have not

visited a doctor in the past year. These are women who are not in good health yet nearly a quarter of them have not seen a doctor in 12 months. 42 percent of low-income Asian-American women are uninsured.

Nearly 1 in 5 low-income women are immigrants, and over half of those are noncitizens and they are uninsured. Without health insurance, where can they go for quality health care? Less than a quarter of low-income noncitizen women have job-based health coverage.

Medicaid, or Medi-Cal as we know it in California, has traditionally been a source of support for these women, helping them to receive needed health care services. Unfortunately the changes made in the 1996 welfare law hurt low-income women. The 1996 welfare law separated Medi-Cal from welfare and put new requirements on people receiving cash assistance.

Although the new law pushed people into leaving welfare and onto the job rolls, many of those jobs are low skilled and low paying. Many of those women remain without any form of health care coverage and so do their families. Let us provide them with affordable health care.

CARDIOVASCULAR DISEASE, NUMBER ONE KILLER OF WOMEN

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Indiana (Ms. CARSON) is recognized for 5 minutes.

Ms. CARSON of Indiana. Mr. Speaker, I am pleased to address this august body and this Nation in celebration of Women's History Month. As we celebrate women's history, we have many women who have made major contributions to the advancement of this country. We have Sojourner Truth, Harriet Tubman, Rosa Parks and Barbara Jordan, and other women who have been enormously progressive in terms of advancing the work and the lives of people across this Nation.

In Women's History Month, however, we must remember the importance of keeping women's bodies healthy. Cardiovascular diseases are the number one killer of women. These diseases currently claim the lives of more than 500,000 women a year. Although these statistics are enormous, many women still are not aware of their risk for heart disease. Why is this the case. Studies have shown that women and doctors may not know that cardiovascular disease is the main killer of women, the leading cause of death among women, not breast cancer, or any of the other diseases that we try to find cures for, but cardiovascular disease is the main killer of women.

Women and doctors may not realize the risk factors for cardiovascular disease because it is different in women than men. Women's symptoms of cardiovascular disease may not be recognized because they may be different than men, and women do not receive the same levels of prevention, care and treatment as men. It is important that women understand the risks, recognize the symptoms and reduce the risk of a heart attack. We must also ensure that doctors are provided with the proper educational tools and sensitivity understanding that they need in order to help women make the right decisions about their health and well-being.

It is time, I believe, to reduce the numbers and to focus on living healthy and productive lives. Knowledge about our health is powerful, and working towards having and keeping good health is the first step in living a powerful and productive life.

WORKING WOMEN DESERVE HEALTH INSURANCE COVERAGE

The SPEAKER pro tempore. Under a previous order of the House, the gentle-woman from Wisconsin (Ms. BALDWIN) is recognized for 5 minutes.

Ms. BALDWIN. Mr. Speaker, it is estimated that 19 percent of women in the United States lack health insurance coverage. Women and their childisproportionately dren are resented among the Nation's uninsured population, primarily due to the number of women in service jobs and retail jobs which have low rates of employerprovided insurance and lower wages. Many working women have part-time jobs where health benefits are not offered by the employer or cannot afford the premiums to purchase the insurance.

Women who are insured through their spouse's employment are often more susceptible to disruptions in health care coverage. Divorce, death of a spouse, change in job status of a spouse or a change in the dependent coverage through an employer could result in a woman and her children losing health insurance.

We also know that women are living longer, yet the quality of their lives is not always better. Women are more likely to be uninsured than men, and this lack of health insurance is a public health risk.

Studies show that people without health insurance are less likely to receive care and more likely to delay seeking care for acute medical problems. This ultimately adds to the cost because in many cases their medical conditions become more serious producing adverse outcomes that will need extensive follow-up care. Uninsured individuals are less likely to receive primary care or preventive services, which would keep medical conditions from becoming worse.

We all know that women who are diagnosed with breast or gynecological cancers at a later stage are more likely to die from those conditions and dis-

eases than those who detect it early. This is an even greater health risk because we know women disproportionately take care of the family. And as caretakers, women simply do not have the time to be sick. That is why education and prevention and proper health insurance is so vital.

Working women deserve health insurance coverage for themselves and for their children. I am optimistic that we can begin to address the problem of the 43 million people in America who are uninsured and the many more who are underinsured, so that no man, woman or child in this country has health care needs that are not being addressed. No one should be left behind.

GLOBAL WARMING

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from Iowa (Mr. GANSKE) is recognized for 60 minutes as the designee of the majority leader.

Mr. GANSKE. Mr. Speaker, headlines in USA Today scream: "Global Warming Is Evident Now." U.S. News and World Report's cover story proclaims: "Scary Weather: Scientists Issue a Startling Forecast of Global Climate Change," and they feature a picture of the Earth surrounded by stormy weather.

On television, we see chunks of ice the size of Connecticut breaking off of the Antarctic ice shelf and melting. The New York Times shows us the North Pole as a lake. Glaciers are melting and the snows of Kilimanjaro will soon become a memory.

Mr. Speaker, mosquitoes are living at higher altitudes than they have ever been seen before because it is warmer. Tropical bugs are moving north along with the diseases they carry. And if Iowa, my home State, becomes tropical, will dengue fever or malaria become a problem?

The oceans are warmer and coral reefs are dying. Will we see the oceans rise from one to three feet and flood the 70 percent of the United States population that lives within 50 miles of the ocean? Will global warming cause extreme weather, with droughts in some areas and floods in others? Will heat waves hit cities like Chicago and cause hundreds of deaths?

Will Iowa's farmers find that rainfall comes in monsoons and that growing zones are pushed hundreds of miles north? Will tropical agricultural pests that we have never seen before become common in Iowa? What will global warming do to the world's food supply? Will we see widespread famine?

Will global warming destabilize nations and become a national security problem? Will it cause massive migrations from some countries to others? Will we see a further gap between rich